

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	09-800198	FILING DATE	03-05-01
APPLICANT(S)			

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
9		1				
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43		1				
44		1				
45		1				
46		1				
47		1				
48	1					
49		1				
50						
TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	46		←	←	←	←
TOTAL CLAIMS	49					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←	←	←	←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS